
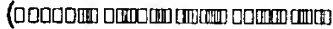
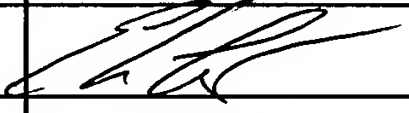

2831
ImagePTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM 	Application Number	10/086,251	
	Filing Date	03/01/2002	
	First Named Inventor	McCook	
	Group Art Unit	2831	
	Examiner Name	H.V. Ngo	
Total Number of Pages in This Submission	8	Attorney Docket Number	SurgeX-1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group ()
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm <input type="checkbox"/> Individual name	LaMorte & Associates
Signature	
Date	10-29-2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>10/29/2003</u>			
Typed or printed name		Eric A. LaMorte	
Signature		Date	10/29/2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
McCook

Serial No.: **09/981,601**

Filed: **March 01, 2002**

**For: SYSTEM AND METHOD FOR
FILTERING MULTIPLE ADVERSE
CHARACTERISTICS FROM A POWER
SUPPLY**

Box Non Fee Amendment
Commissioner of Patents and Trademarks
Washington, DC 20231

Examiner: **H.V. Ngo**

Group Art Unit: **2831**

Date: **October 29, 2003**

I hereby certify that this correspondence and/or fee is being deposited with the United States Postal Service as First Class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231 in accordance with 37 C.F.R. §1.8, on this day

(Date of Deposit) **October 29 2003**

(Signature and Date) **[Signature] 10-29-03**

AMENDMENT

Sir:

Pursuant to the Official Action dated September 29, 2003 and received in regard to the above-identified application, please enter the following amendments and remarks.

In the Claims

Please amend the claims as follows: